

Any questions please contact:

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INSTRUCTIONS FOR COMPLETION OF SECTION VI POST AWARD DOCUMENTS

CONTRACTOR'S POST AWARD DOCUMENT INSTRUCTIONS

NEW: One (1) original set of the Section VI Post Award Documents are to be executed and returned to Baltimore County Department of Public Works and Transportation, Division of Construction Contracts Administration, 111 W. Chesapeake Avenue, Room 300B, Towson MD 21204 **WITHIN IN TEN (10) BUSINESS DAYS AFTER THE DATE OF THE NOTICE OF AWARD.**

- A. **SIGNATURES:** All signatures ***(One (1) original set)*** must be original and witnessed. Where it is required, affix the Individual Principal or Corporate Seal and the Surety Corporate Seal.
- B. **CONTRACT AGREEMENT:** ***(One (1) original set is needed for execution)***
1. **ALL** blanks **MUST** be completed, including Federal I.D. Number or Social Security Number ***(One (1) original set is needed for execution)***.
 2. **PLEASE REFER** back to your corporate documents to determine who is authorized to sign Contracts and Bonds for the Company. If your Company is an organized entity, the Company Officer executing the Contract must provide a title (i.e. President, Vice President, etc.).
 3. **ALL DATES** ***(One (1) original set is needed for execution)*** on the Contract Agreement, Performance Bond and Payment Bond **must be the same.** (Wait until your Bonds are returned from your Bonding Company and ***use the same date executed on the Bonds*** this is the **DATE OF CONTRACT.**
 4. On top of 1st page of the Contract Agreement, add **Date of Contract** and Company's complete name. At the bottom left on the 1st page; have your company's authorized officer (i.e. refer to corporate documents) initial and **Date of Contract.** On bottom left of 2nd page, initial and **Date of Contract.** On 3rd page sign and **Date of Contract** under Federal Tax ID or SS# line. Where it is required, affix the Individual Principal or Corporate Seal and the Surety Corporate Seal.
- C. **PERFORMANCE AND PAYMENT BONDS (Use forms provided or exact facsimile):**
(One (1) original set is needed for execution)
1. Verify dollar amounts:
 - a. Typed amount is the same as the dollar total of the bid price.
 - b. Written and numerical amounts are the same. Where it is required, affix the Individual Principal or Corporate Seal and the Surety Corporate Seal.
 2. Verify that Bonding company:
 - a. Is authorized in MD (name in MD Directory of Licensed insurers).
 - b. Name is the same on the Bonds, at the signature line, and in the Power-of-Attorney. Where it is required, affix the Individual Principal or Corporate Seal and the Surety Corporate Seal.
 3. Verify **ALL** signatures on Bonds are dated and witnessed, including the signature of one of your Company Officers and that of the Bonding Company.

4. Check for consistency of the Contract Description and the Contract Number.
5. Date of Bonds: is the same as the Contract Agreement but not before.
6. Check that corporate seals and surety corporate seals are affixed, where it is required or identified.

D. POWER OF ATTORNEY

1. Check that signature on Bonds is the same as that listed in the Power of Attorney.
2. Determine if there is a dollar limitation and make sure Bonds do not exceed authority.
3. Check that the date matches that on the Bonds.
4. If Bonds have same Bond Number on top right hand corner, than the Power of Attorney must cover double the contract bid amount when limits are an issue (i.e., if the bid price is \$1,000,000 than the Power of Attorney should be doubled or unlimited).

E. INSURANCE CERTIFICATE:

Due to new legislation passed by the State of Maryland, Baltimore County may no longer use its insurance form. Instead, ACCORD 25 Forms are the County's preferred evidence of insurance coverage from all contractors/vendors. Verify it is completely filled in. Enclose Accord form containing contract and policy number and verify coverage amounts. Name "Baltimore County, Maryland" as an additional insured on the Accord form (a sample Accord form is attached.) Please see notes on the bottom left hand corner for the blocks "Description of Operations... and Certificate Holder" the detailed example information should be completed.

F. RETURN ONE (1) ORIGINAL SET OF POST AWARD DOCUMENTS SECTION VI TO:

Baltimore County Department of Public Works and Transportation
Division of Construction Contracts Administration
County Office Building, Room 300 B
111 West Chesapeake Avenue
Towson, Maryland 21204



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPI/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS					\$
	NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*Note: Include the information listed below:

Contract Name, Contract Number. Baltimore County, Maryland is named as additional insured for General Liability for ongoing and completed operations when required by written contract subject to policy provisions.

CERTIFICATE HOLDER

CANCELLATION

*Note: Include the information listed below: Baltimore County, Maryland 111 West Chesapeake Avenue Towson, Maryland 21204	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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